

STANDARD CERTIFICATE OF DEATH

State File No. 21477

FILED JUL 18 1941
Registration District No. 273

Primary Registration District No. 304

Registrar's No. 196

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution St. Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Fred Russler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 13 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Jefferson City Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Sanitor

12. Name Sub. Russler

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Berta Balis

15. Birthplace Cole County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Emma Street

(b) Address 6129 Alameda St. Louis Mo

17. (a) Burial (b) Date thereof 6-21-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cemetery

18. (a) Signature of funeral director Emma Street

(b) Address 700 Jefferson

19. (a) 6-21-41 (b) Sub. Russler (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 521-B-W-1 High (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1941 hour 7:30 minute 7:30 M.

21. I hereby certify that I attended the deceased from Dec 7, 1929, to June 19, 1941;
that I last saw him alive on June 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarction

Due to _____

Due to 124B

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address Surgeon General's Office Date signed 6/21/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. H. Anderson

Licensed Embalmer No

3641

P. O. Address

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.